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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No. 740756-2405
First Named Inventor Shunpei YAMAZAKI
Original Patent Number 6,180,991
Original Patent Issue Date (Month/Day/Year) January 30, 2001
Express Mail Label No.

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. ☒ Drawing(s) (*proposed amendments, if appropriate*)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

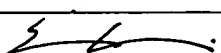
ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (If applicable)
13. ☐ Information Disclosure ☐ Copies of Statement (IDS)/PTO-1449 Citations
14. ☐ English Translation of Reissue Oath/Declaration (If applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. ☒ Other: Offer to Surrender Patent;
Preliminary Letter; Decision of
Appeal No. 94-2004; Terminal
Disclaimer of record

18. CORRESPONDENCE ADDRESS

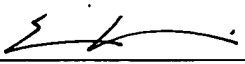
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NAME (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285
Signature		Date	1-16-02

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 740756-2405		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 35	**** 0 =	X \$ _____ =	or	X \$ _____ =		
(C) 12	Independent Claims (37 CFR 1.16(i))	(D) 12	* 0 =	X \$ _____ =		X \$ _____ =		
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 740 _____	
Total Filing Fee \$ _____						OR	\$ 740 _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 20	* =	X \$ _____ =		X \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	***** 3	=	X \$ _____ =		X \$ _____ =	
Total Additional Fee \$ _____							OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-2380</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>740.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>1-6-02</u> Date				 Signature of Applicant, Attorney or Agent of Record <u>Eric J. Robinson</u> Typed or printed name				

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